



“Doing more does not meaning do better”

Project:

some ambiguities may

not prevent overdiagnosis and overtreatment

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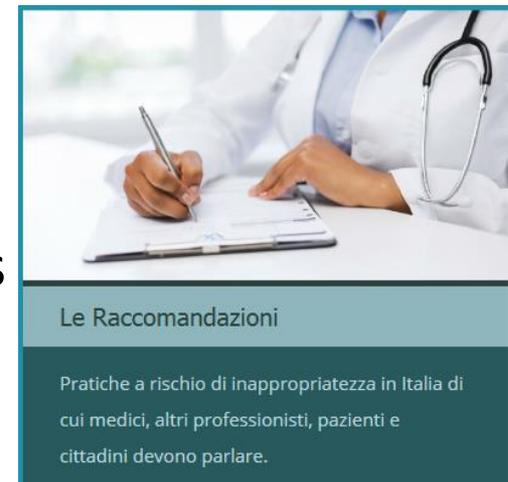
Competing interests: There are no conflicts of interest to disclose.

Background and Objective

Like the USA Choosing Wisely/CW initiative, in Italy Slow Medicine promotes the “Doing more does not mean doing better” Project, with a strong focus on communication with patients



Every Scientific/professional association is invited to explicit five common practices of low-value/at risk of harmful effects, to facilitate shared choices with patients.



Le Raccomandazioni

Pratiche a rischio di inappropriately in Italia di cui medici, altri professionisti, pazienti e cittadini devono parlare.

The Project leverages two determinants of human behavior (*Maslow Pyramid*), affecting physicians too:

Ethics

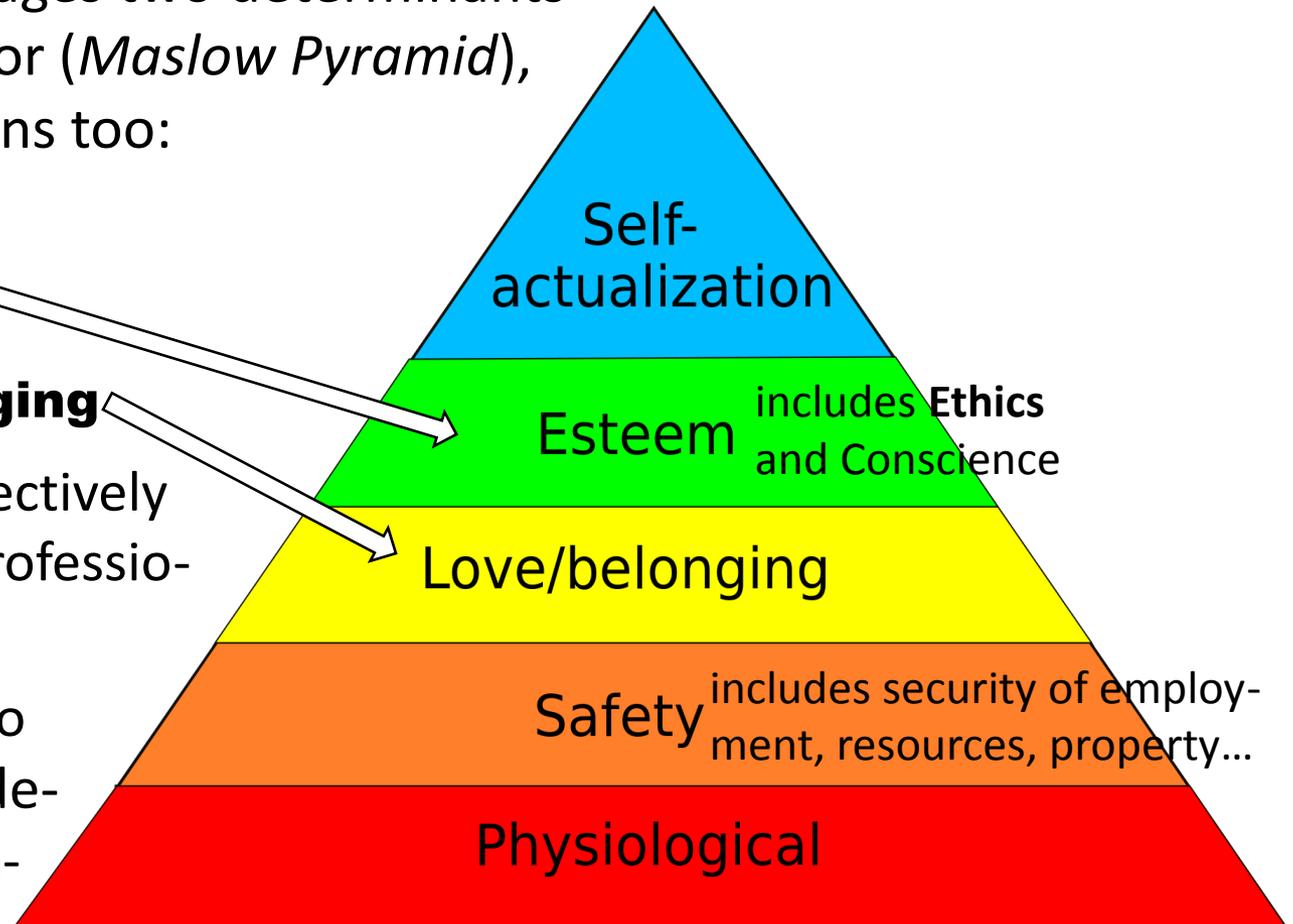
and

Sense of belonging

The latter acts effectively in the scientific/professional community,

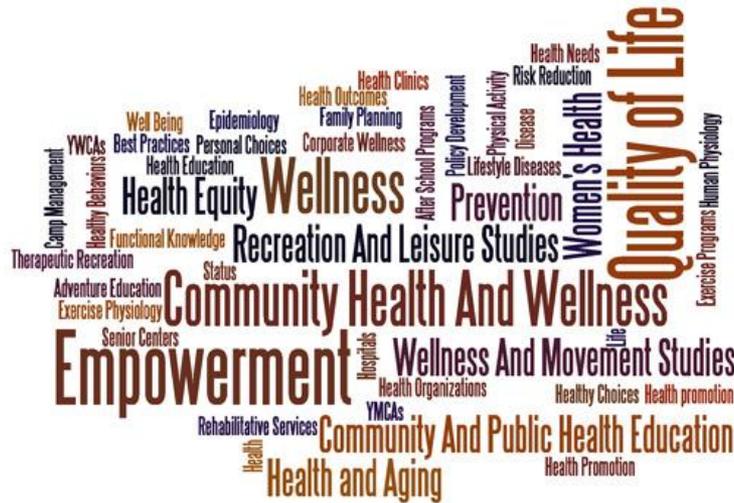
rewards those who follow official wide-spread recommendations,

and provide medical/legal cover for possible litigation.



Both initiatives are positive in their intents, but we want to point out some risks, considering the **health interests of the community** and the **sustainability for a NHS** (SSN in Italy).

*I want my NHS
to be a
sustainable
NHS*



Method and Results

We identify **three main risks**, comparing some recommendations with the available evidence.

- **Whitewashing**

There is a push to ride a successful initiative and to improve one's own image.

The “top-five” listed by a scientific society may lend credibility to all the *other* practices not listed, including questionable ones.

Some chosen practices, moreover, may be marginal, and far from one's own core-business.



- **Ambiguity**

Sometimes the practices are expressed ambiguously.

Examples: “Do not prescribe antibiotics for acute upper airway infections. Assess their opportunities for patients **at risk** of lower respiratory tract infections”.

Comment: *but anyone is at risk of cough/bronchitis!*

- **Ambiguity** (*continued*)

“Avoid **routine** prescribing PPIs for patients **without other risk factors** for ulcer disease”.

Comment: *but risk factors include being smoker, senior, Helicobacter pylori carrier... (these risk factors involve 20%, 20%, and 50% of Italians, respectively).*

Not to mention all patients taking aspirin, NSAIDs, etc. Such wording (and similar) may legitimize potentially indiscriminate prescriptions.

I am perfectly in line! Among the 25% of my patients to whom I prescribe PPI, **anyone** has **some** risk factor for ulcer disease



- **Some bad compromises...**

... between the evidence and the usual practice, presented as new authoritative standards for doctors, formulated by their Scientific Society and in fact corroborated by Slow Medicine.

[Note that in Italy we are trying to amend a risky law proposition, that was **delegating to the Scientific Societies (excluding public and institutional Actors!)** the formulation of guidelines in fact binding for all doctors, to avoid severe criminal, administrative and financial responsibilities]

Example: “In the absence of red flags, **avoid** lumbosacral spine MRIs for low back pain ***in the first 6 weeks***”.

Comment: *many may read it as “**deliver a MRI by the 7th week**”.*

On the contrary, systematic reviews and consistent NICE guidelines indicate MRI only when surgical options are considered, after 6-12 months’ failure of effective medical therapies.

Conclusions

To counteract these risks, Choosing Wisely/Slow Medicine should:

- interact with competence, relying on evidence, and «filter» the tests and the procedures listed
- clarify to the public and to the Societies
 - that the tests/procedures listed by each Scientific Society are not necessarily the most important or inappropriate of that Society,
 - **but** that the procedures listed must be **really evidence-based without compromises.**

If Choosing Wisely and Slow Medicine accept, **without a proper filter**, anything from the Scientific Societies, they **may give their unintended support to opportunistic games**



Conclusions *(continued)*

- specify "**at least**", in order to distinguish between thresholds not to be crossed and *other* items, that can be discussed,
- do not allow that a practice "recommended" only by Scientific Societies becomes a "new-standard-to-follow"
- add comments/positions of other independent scientific bodies.

This would :

- help to guide the readers
- increase the proposals' quality, with the awareness of being under scrutiny
- avoid the dysfunctional belief that only the specialists of the involved discipline are qualified to decide about the issues of their field.



**Bias
Conflict of interest**

Thanks for the attention!